NTD efforts deliver an unparalleled return on investment

Neglected tropical disease (NTD) programs are a “best buy” in global health and a great investment in the future of a more prosperous sub-Saharan Africa. For every dollar invested in NTD control, at least $50 is returned in increased economic productivity over time.

Mathematical modeling from Erasmus University shows that if countries in sub-Saharan Africa met the World Health Organization (WHO)’s 2020 goals for the five most common NTDs – elephantiasis (lymphatic filariasis), river blindness (onchocerciasis), bilharzia (schistosomiasis), intestinal worms (soil-transmitted helminths), and trachoma—they would collectively:

- **SAVE $52 BILLION (PURCHASING POWER PARITY, OR PPP)**
- **AVERT 100 MILLION YEARS LOST TO ILL-HEALTH, DISABILITY, OR EARLY DEATH**

The cost effectiveness of NTD programs is due to a number of factors, including drug donations; the scale of national programs; integration of drug delivery with other health initiatives; the use of volunteers and teachers for distribution; and the massive impact of NTD control on economic productivity and educational outcomes.

Simple solutions and innovative tools exist

The five most common NTDs can be effectively prevented and treated using low-cost interventions, such as preventive chemotherapy (PC) treatments through mass drug administration (MDA) in affected communities.

NTD efforts are backed by the largest-ever public-private partnership through the drug donation program, valued at $4 billion annually. Since 2012 alone, 5.5 billion tablets of NTD medicines have been donated to countries around the world. Eisai, GlaxoSmithKline, Johnson & Johnson, Merck/MSD, Merck Serono, and Pfizer have all made significant contributions to ending the five most common NTDs in sub-Saharan Africa.

Today, NTD programs are even more effective and impactful than ever before, leveraging technology—such as state-of-the-art disease mapping systems and new tools for prevention, diagnosis, and treatment—and data in ways that allow us to reach those previously left behind.

Sub-Saharan Africa is particularly affected by NTDs. The region bears over 40% of the global NTD burden. The five most common NTDs account for 90% of the NTD burden in sub-Saharan Africa. At least one or more of these preventable NTDs is endemic in all 47 countries in the WHO’s African Region.
The END Fund is a private philanthropic initiative to end the five most common NTDs. It advocates for innovative, integrated, and cost-effective NTD programs. The END Fund also facilitates strong partnerships with the private sector. This has had a tremendous impact on lessening the burden of NTDs in Africa and will be key to unlocking the potential of seeing the end. The ultimate goal is to ensure that all people across Africa enjoy healthy and prosperous lives without the risk of NTDs.

To date, the END Fund has raised over $50 million to treat people at risk of NTDs. In sub-Saharan Africa, the END Fund has supported partners in 20 countries to distribute over $300 million worth of treatment to nearly 59 million people at risk of NTDs and train more than 247,000 health workers, volunteers, and officials in NTD prevention, control, and treatment strategies.

To learn more, visit end.org.

INVESTMENT NEEDED TO SEE THE END AND SAVE AFRICA $52 BILLION

Despite recent progress, millions of Africans continue to suffer needlessly from preventable and treatable NTDs. Everyone has a role to play in changing this:

- Governments can continue ensuring NTD control is not siloed by embedding it in broader community health outreach efforts and linking it with programs to improve water, sanitation and hygiene and with education and nutrition frameworks and activities; they can also build capacity to scale effective programs.
- Philanthropic sector can partner by supporting governments’ efforts to improve NTD programs.
- Private sector can support improved supply chain and enhanced distribution networks and raise awareness about treatment and prevention of these diseases.
- Civil society can continue advocating for NTDs and share lessons to improve program effectiveness and remove stigma.

Together we can end the neglect.